

TOWN of STURBRIDGE BOARD of HEALTH



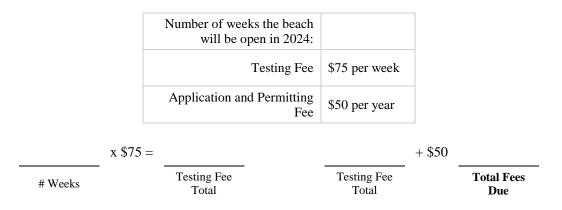
Application for Annual Public or Semi-Public Bathing Beach Permit

See below for fee calculation information

Beach Name:				
Beach Address:				
Mailing Address:				
Applicant Name:				
Applicant Title:				
Phone:	Emergency Phone:			
Email 1:	Email 2:			
Season Start Date:	Season End Date:			
Note: testing will begin the week prior to opening				
Days and Hours of Beach Operation:				

Beach Permit Fee Calculation

Checks to be made payable to Town of Sturbridge



□ I have submitted a photo of the current beach sign that shows compliance with the Massachusetts Department of Public Health Regulation 105 CMR 445.000 Minimum Standards for Bathing Beaches.

□ I have read, understand and shall abide by the requirements set forth at the Massachusetts Department of Public Health Regulation 105 CMR 445.000 Minimum Standards for Bathing Beaches.

Name and Title:			
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Signature: _

_Date: